Illinois Department of Revenue

RB-30 Provider of Premises License Application

1	License no.	
ļ	License issued	

Read this information first

Do not write above this line.

To qualify for a license to provide a premises for bingo games, your organization must not have any officers or partners who have been convicted of a felony.

To qualify for a license to provide a premises for charitable games, your organization must not have any officers or partners who have been convicted of a felony within the last 10 years or who are professional gamblers.

convicted of a felony.				professional gamblers.			
S	tep 1:	You must file a separate a		ense for which you are ap	plying		
S	tep 2:	Identify your busi	iness				
Βι	ısiness na	me		List all of the following numbers been assigned.	that your business has		
				IBT no			
Pr	nysical add	Number and street		FEIN Bingo license no.	B		
City	,	State	ZIP	Bingo supplier's license no.	BS		
City	<i>(</i>	()	ΔIF	Bingo provider's license no.	BP		
Co	unty	Telephone	number	Charitable game license no. Charitable game provider's license no.	CG		
Ma	ailing addr	ess		Charitable game supplier's license no.	CS		
		Number and street or post office box		Pull tab license no.	P		
City	/	State	ZIP	Pull tab supplier's license no. Pull tab manufacturer's license no.	PS PM		
3	If you are bylaws. If they have When an Date City Who is records a Name Daytime	telephone ()	, attach these items only if plication. established? State o or charitable game	ly if assumed name and the county and number of your Assum Name Certificate. Assumed name Number If "yes," you are operating under a trade name and you are corporation, write your trade name and your corporate nare Also attach a certified copy of your Certificate of Registration Trade name Corporate name			
If the	your busir at entity. It entity of p	ness is owned or operated f you are a partnership or a ersons owning at least 10	by another entity, you must re corporation, you must re percent of the shares in you	tners, and stockholders st also identify the director, officers, par port to us in writing within 30 days any our business or an entity that owns or o	change in the number or		
If '	tne owner	ship of your business char	nges, you must file a new a	application.			
1	Name (includ	e middle initial)	Title (if applicable)	Social Security number			
	Street addres	is	City	State ZIP	Race*		
2	Name (includ	e middle initial)	Title (if applicable)	Social Security number	Date of birth		
	Street addres	SS	City	State ZIP	Race*		

Step 4: Identify your director, officers, partners, and stockholders (continued)

Attach additional sheets if necessary.

3	Name (include middle initial)	Title (if applicable)		Social Security number			
	Street address	City		State	ZIP	Race*	
4	Name (include middle initial)	Title (if applicable)		Social Security number		Date of birth	
	Street address	City		State	ZIP	Race*	
* A	— Asian or Pacific Islander; B — Black; I — Ar	nerican Indian or Alaskan Nati	ve; W	—White; or O — Other			
S	tep 5: Complete the follo	wing information	n (/	Attach additional sheets if	necessar	y.)	
1	Fill in the following information on perso who have a direct or indirect financial, p interest in your business, or who have n your business.	roprietary, or other	2	Do you intend to sell, lease devices, or equipment to an bingo games? yes	organizati	on licensed to conduct	
	Name			If "yes," you must complete Supplier's License.	Form RB-2	, Application for Bingo	
	Nature of the interest			Do you or any of the persons named in Step 4 or Step 5, Ite have any interest in the business of anyone holding a chari			
	NameNature of the interest			game supplier's license?	yes	no	
<u></u>	Date interest was acquired/	Year					
3 1	tep 6: Tell us about your	premises					
1	Where is the premises you will provide? Street address City, state, ZIP		4	List the organizations that was premises. Attach additional			
	County			Name			
	·			License no.			
2	Do you own the premises? yes	_		Date of event (if known)			
	If "no," attach a copy of the lease agree	ment or contract.		Name			
3	List your monthly expenses for the follow	ing (bingo provider only):		License no.			
•		g (age p.eae. e).		Date of event (if known)			
				Name			
				License no			
	Other (please specify) \$			Date of event (if known)			
				Nama			
	Φ			Name			
	Total monthly expenses \$			License no Date of event (if known)			
	Ψ_						
	Note: Only the expenses you list will be ing the maximum rent you may charge a						
	ing games on your premises. Attach add	ditional sheets if neces-					

► Be sure to complete Step 8 on Page 4 of this application. We cannot process your application if any steps are incomplete.

Page 2 of 4 RB-30 (R-7/97)

Step 7: Have each person listed in Step 4 complete the following information

Make a copy of this step for each individual to complete. Attach all completed copies to your application. Attach additional sheets if necessary.

1 Nam	e		_ 15 Write the name and address of each business in which you have
	First Middle	Last	a financial interest or an active role.
2 Previ	ous or maiden name (if applicable)	1	a Business name
	,		Street address
First	Middle	Last	City, state, ZIP
3 Home	a address		Only, state, 211
3 110111	Home address Number and street		- h Duainean nama
			b Business name
City		State ZIP	Street address
•			City, state, ZIP
4 How	long have you resided at this addr	ess?	_
			16 Write your employment history for the past 10 years. List your
5a Home	e phone()		_ most current employer first. Include periods of unemployment or
b Work	phone ()		_ education.
			a Employer name
6a Date	of birth//		Street address
	e of birth City		City, state, ZIP
	City	State	Position held
7 Socia	al Security number	-	
1 00010			Type of business
Qa Drivo	ra liganga numbar		
	rs license number		_
D State	of issue		_ b Employer name
c Date	of issue//		Street address
			City, state, ZIP
9 Spou	ise's name	T	Position held
	First Middle	Last	Dates of employment
10 Spou	se's previous or maiden name (if a	pplicable)	Type of business
			_
First	Middle	Last	17 List your places of residence during the past 10 years, excluding
11 Are v	ou a U.S. citizen?	no	the home address you provided in Item 3 above.
-	," write your registration number		a Street address
	, who your regionation numbers _		City, state, ZIP
12 \M/hat	position do you hold with this busi	nece?	Dates of residence
	_	ckholder	Dates of residence
			b Other to address.
		nager	b Street address
		er	City, state, ZIP
∟ р	artner		Dates of residence
13 Desc	ribe your duties with this business.		_ 18 Have you ever been convicted of a felony or a misdemeanor?
			_
			If "yes," explain
14 List a	all of the following numbers assigned	ed to you or a business	
	ganization in which you have a fina	-	
	e role.		
	10		
FEIN			
•	o license no.	B	
_	supplier's license no.	BS	
_	p provider's license no.	BP	
	itable game license no.	CG	_
Char	itable game provider's license no.	CP	_
Char	itable game supplier's license no.	CS	
	ab license no.	P -	
	ab supplier's license no.	PS	
	ab manufacturer's license no.	PM -	=

► Turn the page and complete Step 8.

RB-30 (R-7/97)

Step 8: Sign below

Under penalties of perjury, I state that I have examined this as	pplica- If you are applying for a
tion and, to the best of my knowledge, it is true, correct, and	bingo provider of premises license, make your check for \$20
complete. I further certify that no employee of mine shall man operate the games. I also state that I have read the applicable or charitable game rule book.	
	Mail your application and payment to:
Responsible party's signature	OFFICE OF BINGO AND CHARITABLE GAMES ILLINOIS DEPARTMENT OF REVENUE
Title Date	PO BOX 19480 SPRINGFIELD IL 62794-9480

If you have questions, please call our Springfield office weekdays

between 8:00 a.m. and 4:30 p.m. at 217 524-4164.

